

POSITION	INITIALS	ID NO.	DATE
	<i>MS</i>	<i>62014</i>	<i>8/2/00</i>
	<i>H.S.</i>	<i>5C 866</i>	<i>8/1/00</i>
QUALITY REVIEW	<i>MS</i>	<i>474711</i>	<i>10-04-00</i>
			<i>12/10/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 11/20/03
2	✓ 11/20/03
3	✓ 11/20/03
4	✓ 11/20/03
5	✓ 11/20/03
6	✓ 11/20/03
7	✓ 11/20/03
8	✓ 11/20/03
9	✓ 11/20/03
10	✓ 11/20/03
11	✓ 11/20/03
12	✓ 11/20/03
13	✓ 11/20/03
14	✓ 11/20/03
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24	✓ 11/20/03
25	✓ 11/20/03
26	✓ 11/20/03
27	✓ 11/20/03
28	✓ 11/20/03
29	0
30	✓ 11/20/03
31	✓ 11/20/03
32	✓ 11/20/03
33	✓ 11/20/03
34	✓ 11/20/03
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36	✓ 11/20/03
37	✓ 11/20/03
38	✓ 11/20/03
39	✓ 11/20/03
40	✓ 11/20/03
41	✓ 11/20/03
42	✓ 11/20/03
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45	✓ 11/20/03
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48	✓ 11/20/03
49	✓ 11/20/03
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Claim	Date
Final Original	
51	✓ 11/20/03
52	✓ 11/20/03
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98	✓ 11/20/03
99	✓ 11/20/03
100	✓ 11/20/03

Claim	Date
Final Original	
101	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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